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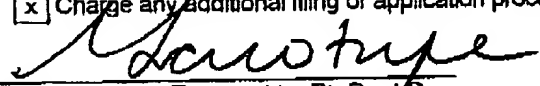
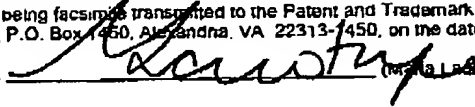
MAR 07 2005

FAX TRANSMISSION**DATE:** March 7, 2005**PTO IDENTIFIER:** Application Number 09/972772-Conf #1878
Patent Number**Inventor:** Gary L. OLSON et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP
Maria Laccotripe Zacharakis, Ph.D., J.D.**PHONE:** (617) 227-7400**Attorney Dkt. #:** PPI-106CP**PAGES (Including Cover Sheet):** 23**CONTENTS:** Amendment Transmittal (1 page)
Amendment After Final Action (37 C.F.R. Section 1.116) (21 pages)

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AMENDMENT TRANSMITTAL LETTER				Docket No. PPI-106CP	
Application No 09/972772-Conf. #4878		Filing Date October 5, 2001		Examiner J. E. Russel	
				Art Unit 1654	
Applicant(s): Gary L. OLSON et al.					
Invention: THERAPEUTIC AGENTS AND METHODS OF USE THEREOF FOR THE MODULATION OF ANGIOGENESIS					
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	59	- 68 =		x	
Independent Claims	8	- 8 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17					
 Maria Laccotripe Zacharakis, Ph.D., J.D. Attorney Reg. No. 56,266 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>March 7, 2005</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-7450, on the date shown below. Dated: <u>March 7, 2005</u> Signature:  (Maria Laccotripe Zacharakis, Ph.D., J.D.)					

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Dated: March 7, 2005 Signature

(Maria Laccotripe Zacharakis, Ph.D., J.D.)

Docket No.: PPI-106CP
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re Patent Application of:
Gary L. Olson *et al.*

Application No.: 09/972772

Filed: October 5, 2001

For: THERAPEUTIC AGENTS AND METHODS
OF USE THEREOF FOR THE MODULATION
OF ANGIOGENESISRECEIVED
Confirmation No.: 4878 CENTRAL FAX CENTER

Art Unit: 1654

MAR 07 2005

Examiner: J. E. Russel

AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Responsive to the Office Action dated December 6, 2004, finally rejecting claims 1-43, 45-48, and 50-61, please amend the above-identified U.S. patent application as follows.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 18 of this paper.